

X2014-1680

PRINTED: 11/03/2014  
FORM APPROVED

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|---|---|--|--|---|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION           |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>604008                  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____   | (X3) DATE SURVEY<br>COMPLETED<br><br>10/23/2014 |
| NAME OF PROVIDER OR SUPPLIER<br><br>LOURDES COUNSELING CENTER |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br>1175 CARONDELET DRIVE<br>RICHLAND, WA 99352 |  |   |
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| L 000   | <b>INITIAL COMMENTS</b><br><br><b>STATE LICENSING SURVEY</b><br><br>This state psychiatric hospital licensing survey was conducted at Lourdes Counseling Center on 10/21/2014 - 10/23/2014 by Alex Giel, REHS, and Lisa Sassi RN, MN.<br><br>ASE Shell # 041411 | L 000  | 1. A written PLAN OF CORRECTION is required for each deficiency listed on the Statement of Deficiencies.<br><br>2. Each plan of correction statement must include the following:<br>The regulation number and/or the tag number;<br>How the deficiency will be corrected;<br>Who is responsible for making the correction;<br>What will be done to prevent reoccurrence and how you will monitor for continued compliance; and<br>When the correction will be completed.<br><br>3. Your PLAN OF CORRECTION must be returned within 10 business days from the date you receive the Statement of Deficiencies. Your Plan of Correction is due on the 11/21/14.<br><br>4. Return the original report with the required signatures to:<br><br>Alex Giel, REHS<br>Public Health Advisor 3<br>Office of Investigations and Inspections<br>P.O. Box 47874<br>Olympia, WA 98504-7874 |   |
| L 430   | <b>322-040.3 ADMIN-ORG PLAN</b><br><br>WAC 246-322-040 Governing Body and Administration. The governing body shall: (3) Establish and maintain a current written organizational plan delineating positions, responsibilities, authorities, and                  | L 430  |  |   |

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Barbara Alford

VP Behavioral Health

11/19/14

STATE FORM

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If continuation sheet 1 of 8

Plan of Correction Rec 11/24/14

Plan of Correction Approved 12/4/14

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| L 430  | Continued From Page 1<br><br>relationships of positions within the hospital;<br>This RULE: is not met as evidenced by:<br>Based on document review and interview the facility failed to demonstrate that the organizational plan adequately described information about positions, their responsibilities, authorities and relationships within the hospital.<br><br>Findings:<br><br>1. Upon review of facility policy titled, "Program Overview: Adult Inpatient" (revised 5/14) it provided a description of how the inpatient program were administered. However, it did not include information about the organization of social services staff, including the positions of the Social Services Case Managers and the Inpatient Services Manager (a licensed social worker). Additionally, other administrative and interdisciplinary authority relationships were not described, including but not limited to, nursing, recreational therapy and counseling services.<br><br>2. During an interview on 10/21/2014 at 3:00 PM between the Director of Nursing (Staff Member #1) and Surveyor #2, the above observation was confirmed. Additionally, no other facility documents were available that provided this type of information. | L 430   | <i>See attached plan of correction</i>  |                    |   |
| L 720  | 322-100.1G INFECT CONTROL-PRECAUTION<br><br>WAC 246-322-100 Infection Control. The licensee shall: (1) Establish and implement an effective hospital-wide infection control program, which includes at a minimum: (g) Identifying specific precautions to prevent transmission of infections;   | L 720   |   |                    |   |

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| L 720  | <p>Continued From Page 2</p> <p>This RULE: is not met as evidenced by:<br/>Based on observation and review of hospital policies and procedures, the hospital failed to ensure that staff members performed hand hygiene during patient care activities according to hospital policy.</p> <p>Findings:</p> <p>1. The hospital's policy and procedure entitled "Infection Control Standard Precautions" (Revised 1/1/2010) read in part: "Replacement of gloves and decontaminate hands immediately. . . Wash hands or use hand gel before applying new gloves".</p> <p>2. On 10/23/2014, at 10:15 AM, Surveyor #1 observed a Mental Health Counselor (Staff Member #3), apply hand sanitizer over gloves before entering into a patient's room. When s/he exited the room, s/he re-applied more hand sanitizer onto the initial set of gloves and continued onto the next room.</p> | L 720  |  |  |  |
| L1065  | <p>322-170.2E TREATMENT<br/>PLAN-COMPREHENS</p> <p>WAC 246-322-170 Patient Care Services. (2) The licensee shall provide medical supervision and treatment, transfer, and discharge planning for each patient admitted or retained, including but not limited to: (e) A comprehensive treatment plan developed within seventy-two hours following admission: (i) Developed by a multi-disciplinary treatment team with input, when appropriate, by the patient, family,</p>  | L1065  |  |  |  |

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| L1065  | <p>Continued From Page 3</p> <p>and other agencies; (ii) Reviewed and modified by a mental health professional as indicated by the patient's clinical condition; (iii) Interpreted to staff, patient, and, when possible and appropriate, to family; and (iv) Implemented by persons designated in the plan; This RULE: Is not met as evidenced by: Based on review of policy and procedure, staff interview and record review, the facility failed to demonstrate that patients' comprehensive treatment plans were updated and reviewed.</p> <p>Findings:</p> <p>1. Upon review of facility policy titled "Program Overview: Adult Inpatient" (revised 5/14) page 5, item 5 stated, "Updates/reviews to the Treatment Plan occurs at major key decision points; transfers and discharge...as well as the conclusion of any subsequent estimated lengths of treatment; and at least every seven days. These reviews are documented on the treatment plan...and are also reviewed with the patient."</p> <p>2. During an interview with the Director of Nursing (Staff Member #1) and Surveyor #2 on 10/23/2014 at 10:30 AM s/he stated that notations on treatment plans such as "R", "PR" and "NR" (i.e. In the "Outcome Date" column) indicated resolved, partially resolved and not resolved, respectively. When asked if the facility had documentation guidelines for management and completion of the treatment plan, s/he stated that there were none. S/he acknowledged that there was an expectation that the outcome of treatment should be addressed on the treatment plan minimally by the time of discharge, if not completed earlier.</p> <p>3. Review of patient medical records for</p> | L1065  |  |  |  |

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| L1085  | <p>Continued From Page 4</p> <p>discharged patients noted omissions related to treatment plan updating as follows:</p> <p>a. Patient #1 was a 37 year old patient admitted on 3/06/2014 involuntarily for treatment of a catatonia and a psychotic disorder and discharged on 3/19/2014. Individualized treatment plans were developed for pain management and risk of falls. The "Outcome Date" information of the plans was not provided.</p> <p>b. Patient #2 was a 60 year old patient who was admitted on 6/12/2014 for treatment of major depressive disorder and discharged on 6/16/2014. A treatment plan was developed for nutrition services on 6/13/2014. "Target Date" and "Outcome Date" information was not provided. The Social Services treatment plan contained target date entries but the "Outcome Date" information was not provided. The psychiatric treatment plan identified some, but not all, target dates and "Outcome Date" information was not provided.</p> <p>c. Patient #3 was a 26 year old patient admitted on 5/21/2014 for treatment of major depressive disorder and discharged on the 5/28/2014. A treatment plan for recreational therapy services was developed on 5/24/2014. A target date was identified however "Outcome Date" information was not provided. The same observation was noted for the Social Services Case Manager treatment plan.</p> <p>d. Patient #4 was a 39 year old patient admitted on 9/6/2014 for treatment of a schizoaffective disorder and discharged on 9/22/2014. A social services treatment plan was developed on 9/6/2014 and the "Outcome Date" information was not provided. Also a nutrition treatment plan was developed on 9/22/2014 and "Target Date"</p> | L1085  |  |  |  |

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If continuation sheet 5 of 9

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| L1065  | Continued From Page 5<br><br>and "Outcome Date" information was not provided.<br><br>e. Patient #5 was a 21 year old patient admitted for treatment of schizophrenia admitted on 10/06/2014 and discharged on 10/22/2014. At the time of admission the patient was noted to be significantly malnourished. A nutrition treatment plan was developed on 10/06/2014. "Target Date" and "Outcome Date" information was not provided.   | L1065  |  |                          |  |
| L1120  | <b>322-170.3F OT SERVICES</b><br><br>WAC 246-322-170 Patient Care Services. (3) The licensee shall provide, or arrange for, diagnostic and therapeutic services prescribed by the attending professional staff, including: (f) Occupational therapy services coordinated and supervised by an occupational therapist with experience working with psychiatric patients, responsible for integrating occupational therapy functions into the patient's comprehensive treatment plan;<br><i>This RULE: is not met as evidenced by:</i><br>Based on interview, the facility failed to demonstrate that it provided occupational therapy services to patients, coordinated and supervised by an occupational therapist with experience working with psychiatric patients who was responsible for integrating occupational therapy functions into the patients' comprehensive care plan.<br><br>Findings:<br><br>On 10/23/2014 at 9:30 AM during an interview with | L1120  |  |                          |  |

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| L1120  | Continued From Page 6<br><br>the Director of Nursing (Staff Member #1), s/he stated that the hospital did not have an occupational therapist employed and responsible for integrating occupational therapy functions into the patient's comprehensive care plan.  | L1120   |  |  |   |
| L1165  | 322-180.2 EMERGENCY SUPPLIES<br><br>WAC 246-322-180 Patient Safety and Seclusion Care. (2) The licensee shall provide adequate emergency supplies and equipment, including airways, bag resuscitators, intravenous fluids, oxygen, sterile supplies, and other equipment identified in the policies and procedures, easily accessible to patient-care staff.<br>This RULE: is not met as evidenced by:<br>Based on observation and interview, the facility failed to demonstrate that it had emergency medical supplies available for patient care.<br><br>Findings:<br><br>On 10/22/2014 at 3:00 PM during a tour of the unit Surveyor #2 requested to see airways and intravenous fluids as available for patient care in emergency situations. It was confirmed by a RN (Staff Member #2) that those items were not available to staff in the event of a patient medical emergency..<br><br>Additionally, the staff member identified that related policies and procedures were not available to assure the presence of emergency supplies including, but not limited to, emergency medications. | L1165   |  |  |   |

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| L1485  | Continued From Page 7   | L1485   |  |                          |   |
| L1485  | <p><b>322-230.1 FOOD SERVICE REGS</b></p> <p>WAC 246-322-230 Food and Dietary Services. The licensee shall: (1) Comply with chapters 246-215 and 246-217 WAC, food service; This RULE: is not met as evidenced by: Based on observation and interview, the facility failed to comply with chapters 246-215, Washington Administrative Code (WAC) for food service.</p> <p><b>Findings:</b></p> <p>1. On 10/22/2014 at 10:40 AM, during a tour of the kitchen, Surveyor #1 observed an open bottle of Insta test strips (test strips used to detect sanitizer concentrations for washing fruits and vegetables) with a manufacturer's expiration date of 11/12. This observation was confirmed by the dietary manager (Staff Member #4).</p> <p>Reference: LaMotte Insta-Test® ... Shelf life is one year after being opened; two years unopened.</p> <p>Reference: Washington Administrative Code (WAC) 246-215-07225 Chemicals-Chemicals for washing, treatment, storage, and processing fruits and vegetables, criteria (2009 FDA Food Code 7-204.12).</p> <p>2. On 10/22/2014 at 10:50 AM, Surveyor # 1 observed that the facility did not have any means to test the concentration of the sanitizer in the low temperature dishwasher. Facility must use a test kit or other devices to ensure that equipment is sanitized at the proper concentrations.</p> <p>Reference: 246-215-04575 Equipment-Warewashing equipment, determining chemical sanitizer concentration (2009 FDA Food</p> | L1485   |  |                          |   |

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| L1485  | Continued From Page 8<br><br>Code 4-501.116). Concentration of the sanitizing<br>solution must be accurately determined by using a<br>test kit or other device. | L1485  |  |  |  |

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If continuation sheet 8 of 9